

Requirement checklist

Please see below the list of required documentation to open your account per client category. Kindly submit them along with this duly filled form				Client	Branch officer	KSL officer
Self Help Groups	1. Two recent coloured Passport size photograph of each Signatory					
	2. Certified copies of a valid Kenyan ID/Kenyan passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages) of each signatory (verifiable on IPRS)					
	3. Introduction letter from relevant registration authority indicating name and ID numbers of signatories not more than a year old					
	4 A list of members of the group with ID numbers duly signed by members and stamped by the relevant registration office.					
	5. Copy of Group constitution, certified by the relevant registration office					
	6. Copy of registration certificate, certified by the relevant registration office					
	7. Minutes to resolving opening of a CDS account with Kingdom Securities Ltd					
	8. Certified copy of bank statement/ cheque leaf /bank card (front side only)					
	9. All documents must bear the stamp/seal of the group					
Business accounts, Clubs, Society, Association, Mission, NGO, Trade Union	1. Two recent coloured Passport size photograph of each Signatory					
	2. Certified copies of a valid Kenyan ID/Kenyan passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages) of each director/officials and signatory where they are not directors (verifiable on IPRS)					
	3. Where the signatories are not the directors/officials of the entity, a resolution or letter from the officials authorizing the current signatories to operate the account on behalf of the entity					
	4. Certified copy of registration certificate					
	5. KRA PIN Certificate for the institution and for each official/ signatory/ director					
	6. Copy of CR 12 (from e-citizen) or Memorandum and Article of Association/ Entity's constitution					
	7. A directors Resolution to open the CDS account with Kingdom Securities Limited on letter head, specifying the signing mandates with which the account will be operated and naming the signatories to the account OR Minutes to resolve opening of a CDS ac with Kingdom Securities Ltd					
	8. Certified copy of bank statement/ cheque leaf /bank card (front side only)					
	9. Introduction letter from relevant authority e.g. Ministry of Education, Social Services, Church HQ, Central Organization of Trade Unions, NGO Registration Board, issued within the same year					
	10. Certificate of Incorporation or certificates of approved enterprise for foreign limited liabilities					
	11. All documents must bear the seal/stamp of the institution					
	12. SEARCH FEE of Ksh. 500 deposited to ac 01240000020568 -COMPANY SECRETARY and receipt attached to application For limited companies and registered businesses (business name)					
Client	Signature:	Branch officer	Signature:	KSL officer	Signature	
	Date		Date and Stamp		Date and Stamp	
For Official use:						

CLIENT CODE										CDS/DERIVATIVES ACCOUNT NUMBER														
<input type="checkbox"/> local Company <input type="checkbox"/> Foreign Company <input type="checkbox"/> Business accounts <input type="checkbox"/> Clubs <input type="checkbox"/> Society <input type="checkbox"/> Self Help Group <input type="checkbox"/> Association <input type="checkbox"/> Mission <input type="checkbox"/> NGO <input type="checkbox"/> Other _____																								
I / we wish to open a CDS / Derivatives account and undertake to comply, observe and be bound by the Terms and Conditions in force and as amended from time to time pertaining to such accounts. I/We confirm that the information given herein is true and complete.																								
Organization Details																								
Organization name:																								
Registration number:										Date of incorporation/registration:														
Nature of business:																								
Physical Address: Building,					Street/road,					Floor,					Town									
Postal Address										Postal code:					Town:									
Telephone (office)										Email Address:														
Country of business registration:										Country(ies) of operation:														
KRA PIN																								
Main source of funds:										Other source(s) of funds:														
Monthly turnover <input type="checkbox"/> 1-100,000 <input type="checkbox"/> 100,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> Over 5,000,000																								
Associated company (ies) 1.										2.														
Associated company (ies)/Contact Person Name					Associated company (ies)/Contact Person address					Associated company (ies)/Contact Person mobile number														
Bank Account Details (Attach a copy of Bank card/Bank Statement/ Cancelled cheque)																								
I/We would like to receive my/our shares proceeds through the following bank account:																								
Bank:					Account name:																			
Branch:					Account number:																			
SWIFT code:					Sort Code/Routing/ SWIFT/IBAN:																			
1st Signatory (select) Mr./Mrs./Ms./Dr./Prof./Dir./Hon./Pst/Rev/ Other _____																								
Affix passport size photo or indicate photo number					First Name:					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female														
					Middle Name(s):					ID/ Passport Number														
					Surname:					Nationality														
					Designation					Other Nationality														
					Date of Birth					D D M M Y Y Y Y					Civil/Marital status									
					Passport Expiry Date					D D M M Y Y Y Y					Visa Expiry Date					D D M M Y Y Y Y				
					Work Permit Expiry					D D M M Y Y Y Y					Occupation/ Nature of Business									
					My Phone number:					My Other phone number:														
					My Office Phone Number:					KRA PIN/Tax ID no.														
					Email address:																			
Specimen Signature (sign at the center of the box)					Physical address:					Estate, Hse no, Floor, Street/road,														
					Postal Address																			
					County/State of residence:					Country of residence:														
					Name of Employer					Job Title:														
					TAX Country					Source of Funds:														
2nd Signatory (select) Mr./Mrs./Ms./Dr./Prof./Dir./Hon./Pst/Rev/ Other _____																								
Affix passport size photo or indicate photo number					First Name:					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female														
					Middle Name(s):					ID/ Passport Number														
					Surname:					Nationality														
					Designation					Other Nationality														
					Date of Birth					D D M M Y Y Y Y					Civil/Marital status									
					Passport Expiry Date					D D M M Y Y Y Y					Visa Expiry Date					D D M M Y Y Y Y				
					Work Permit Expiry					D D M M Y Y Y Y					Occupation/ Nature of Business									
					My Phone number:					My Other phone number:														
					My Office Phone Number:					KRA PIN/Tax ID no.														
					Email address:																			
Specimen Signature (sign at the center of the box)					Physical address:					Estate, Hse no, Floor, Street/road,														
					Postal Address																			
					County/State of residence:					Country of residence:														
					Name of Employer					Job Title:														
					TAX Country					Source of Funds:														

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) QUESTIONNAIRE

1 st Applicant		Tick	2 nd Applicant		Tick
1	Are you a U.S Resident?	Y N	1	Are you a U.S Resident?	Y N
2	Are you a U.S Citizen?	Y N	2	Are you a U.S Citizen?	Y N
3	Are you holding a U.S Permanent Resident Card (Green Card)?	Y N	3	Are you holding a U.S Permanent Resident Card (Green Card)?	Y N
4	Were you born in the U.S?	Y N	4	Were you born in the U.S?	Y N
5	Have you granted power of attorney or signatory authority to a person with a U.S. address?	Y N	5	Have you granted power of attorney or signatory authority to a person with a U.S. address?	Y N
6	Do you have a U.S. residential address?	Y N	6	Do you have a U.S. residential address?	Y N
7	Do you have a correspondence, C/O or Hold mail address in the U.S?	Y N	7	Do you have a correspondence, C/O or Hold mail address in the U.S?	Y N
8	Do you have a standing order to a U.S. Bank Account?	Y N	8	Do you have a standing order to a U.S. Bank Account?	Y N
9	Do you have a U.S. telephone No.?	Y N	9	Do you have a U.S. telephone No.?	Y N

If you answered Yes to any of the above questions, you will be required to additionally submit a **W-9 form** in line with FATCA regulations

Research and advisory (Tick Appropriately)

I/we would wish to subscribe for Kingdom Securities research reports, stock meter, corporate actions, e.t.c Yes No
 I fully understand that opinions and material on the report are for information purposes only

Signing Instruction (Tick Appropriately)

Sole Either to Sign All to Sign Other(specify) _____

I/we agree to be bound by terms and conditions pertaining to email and online services, (Tick Appropriately): Yes No Email address: _____

Declaration
 I/We agree that this account shall be operated solely at the discretion of the Kingdom Securities Limited and agree to hereby indemnify the Kingdom Securities Limited at my/our cost against any loss or claims arising out of the account(s) being closed by the Kingdom Securities Limited without notice due to unsatisfactory performance. I/We agree to comply, observe and be bound by Kingdom Securities Limited General Terms and Conditions and Tariffs available on www.kingdomsecurities.co.ke or such other websites as the Kingdom Securities Limited may designate as its official website from time to time on this day _____ month _____ year _____. I/We confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act, 2019, and where applicable the General Data Protection Regulation (EU) 2016/679 or all other applicable laws as may be amended from time to time.

Signed: 1st Applicant **Signed: 2nd Applicant**

Name: _____

Date _____

Name: _____

Date: _____

For Official use only:

Investment objectives _____
 Risk tolerance: Low () Moderate () Low-Medium () Medium () High (). Comments _____
 AML risk rating: High () Medium () Low (). Comments _____
 PEP status: Principal Pep Yes () No (). Comments _____
 PEP Associate Yes () No (). Comments _____

Witnessed & Verified By:			Authorized/Checked by:		
_____			_____		
Name	Date	Sign &Stamp	Name	Date	Sign &Stamp

Kindly select category that best describes your investment goals by ticking the category

CATEGORY	DESIRED OUTCOMES	RISK APPETITE	TICK
A	Focus on secure income stream Expect minimal growth on the capital invested Short to medium term preservation of capital	Low	
B	Reasonable level of current income Expect moderate growth on the capital invested Moderate volatility	Moderate	
C	Stable income stream Modest growth on capital invested Medium to long term capital security Expect some protection against inflation	Low-Medium	
D	Moderate income stream & level of capital volatility Expect potentially high growth on invested capital Long-term return likely to be greater than inflation	Medium	
E	Moderate income stream & level of capital volatility Expect potentially high growth on invested capital Long-term return likely to be greater than inflation	High	

CDS 1		 	CENTRAL DEPOSITORY & SETTLEMENT CORPORATION <i>Invested in Progress</i>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Colour photo
	10 th FLOOR, NATION CENTRE, P.O. BOX 3464 00100, GPO NAIROBI, KENYA, Tel: 020-2912000; FAX 2229405, www.cdsckeny.com			
Code	Serial No.	Client code 		
(TO BE COMPLETED IN DUPLICATE)				
SECURITIES ACCOUNT OPENING/MAINTENANCE FORM				

NEW or EXISTING CDS Account Number

CDA Code
 Account Number
 Client type

B 0 1 1

Names in Block Letters

Joint Account

Yes No.

(If more than 2 joint holders details of the other to be on another form signed by all)

Are You Tax Exempt?

Yes No.

(If yes, attach a certified a copy of Tax exemption certificate)

Surname				
Other Names				
Company/Business Name (if client is a company, society or other organization)				
ID/Passport/Reg. No. (for company, business, etc)				
PIN No.				
Address				
Postal Code				
Telephone Number(s)				
Fax Number				
Email Address				
Town				
Date of Birth/Incorporation (as applicable)				
Country of Residence				
Source of funds				
Nationality				
Next of Kin:	Name	Phone Number	E-mail Address	Relationship
1.				
2.				
Client Category (Tick as Applicable) Local Individual (LI) , Local Company (LC), Foreign Individual (FI) Foreign Company (FC), E.A. investor (EI) E.A Company (EC)				
Dividend Disposal preference () by bank, please give details below () By Cheque Tick Where applicable				
Bank Details	<u>Bank</u>	<u>Branch</u>	<u>Account No.</u>	

DECLARATION:
 I/We hereby:
 (i) Request to open and maintain a Securities Account in my/our name/ Change particulars in my/our Securities Accounts as indicated above (delete as appropriate)
 (ii) Affirm that all information in this form is correct.
 (iii) Undertake to notify my CDA any change of particulars or information provided by me/us in this form.

Name(s)	Signature(s)
1	1
2	2
3	3
4	4
(Securities Account Holder's Authorized Signatory/Seal for Companies)	
Date:/...../.....	

For CDA use only	
Witnessed and Verified by:	
Name:	Authorized by:
Designation:	Name:
Date:	Designation:
Company stamp: <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>	Date:

Other Services/Products
 I/We request to be subscribed to the following services/products whose terms of use, I/We confirm to have read and understood.
 Find the Terms & Conditions at: www.cdsckeny.com

SMS Services
 Online Account Services
 Email Account Services

Clear vision	Registered	Mapped	Update	Sign
Maker	Checker	Sign	Sign	Sign